

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)			THIS RFQ <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS-SET-ASIDE		PAGE OF 01	PAGES 12
1. REQUEST NO. N00173-14-Q-0418		2. DATE ISSUED 09/22/2014		3. REQUISITION/PURCHASE REQUEST NO. 56-9021-14		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375-5329				6. DELIVER BY (Date) TBD		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)				7. DELIVERY <input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)		
NAME Cynthia V. Offutt		TELEPHONE NUMBER AREA CODE 202 NUMBER 767-3452		9. DESTINATION a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Ave S.W. Bldg 49		
c. STREET ADDRESS				c. CITY Washington		
d. CITY		e. STATE		f. ZIP CODE		d. STATE DC e. ZIP CODE 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 09/26/2014		IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.				
11. SCHEDULE (Include applicable Federal, State and local taxes)						
ITEM NO. (a)	SUPPLIES/ SERVICES (b)		QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See attached continuation sheets					
12. DISCOUNT FOR PROMPT PAYMENT			a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.						
13. NAME AND ADDRESS OF QUOTER				14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER				16. SIGNER		
b. STREET ADDRESS						
c. COUNTY				a. NAME (Type or print)		b. TELEPHONE AREA CODE
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)		NUMBER

STANDARD FORM 36 JULY 1966 GENERAL SERVICES ADMINISTRATION FED. PROC. REG. (41 CFR) 1-16.101		CONTINUATION SHEET		REF. NO. OF DOC. BEING CONT'D N00173-14-Q-0418		PAGE OF 2 12	
NAME OF OFFEROR CONTRACTOR All Quoters							
ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT		
0001	Part # D0HSILL IBM Endpoint Manger for Lifecycle Management Client Device License + SW Subscription & Support 12 Months.	600	ea				
0002	Part # D0HSZLL IBM Endpoint Manager for Security & Compliance Client Device License + SW Subscription & Support 12 Months	500	ea				
0003	Part # D11VULL IBM Endpoint Manager for Lifecycle Management Managed Virtual Server License + SW Subscription & Support 12 Months	30	ea				
0004	PART # D11U9LL IBM Endpoint Manager for Security & Compliance Managed Virtual Server License +SW Subscription & Support 12 Months Brand Name and Equal If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number 202-767-3875/6675. Any questions concerning this Request for Quotation (RFQ) must be emailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of this RFQ.	28	ea				